

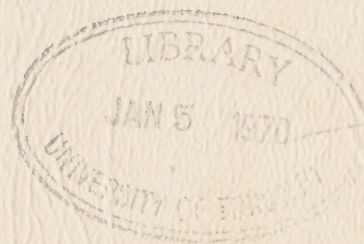
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Government
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Ontario Hospital Services Commission



1967 Annual Report



Ontario Hospital Services Commission



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ONTARIO HOSPITAL SERVICES COMMISSION

OFFICE OF THE CHAIRMAN

2195 YONGE STREET, TORONTO 7

HONOURABLE M. B. DYMOND, M.D., C.M.,
MINISTER OF HEALTH

Honourable Sir:

On behalf of the Ontario Hospital Services Commission it is my privilege to present to you the 1967 Annual Report, containing a summary of our activities. Supporting details on the operation and utilization of individual hospitals are in preparation, and will be published shortly in the Statistical Supplement to this Report.

The two-thirds financial assistance given by the Province to public hospitals created a great impetus to hospital development during the year. There were 47,126 beds available throughout Ontario at the end of 1967 in all public, private and Federal hospitals, including nursing homes temporarily approved for chronic care. This compares with 45,828 the previous year and provides an average across the Province of 6.6 beds per thousand eligible population. At the close of the year, 41 major projects were under construction. These projects have been designed to provide 4,868 hospital beds, 445 nursery bassinets and 1,310 beds in residential accommodation for student nurses and interns.

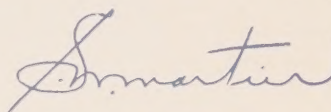
In 1967, the Provincial Government approved regulations respecting capital grants for teaching hospitals to accept responsibility for the full cost of building or equipping university-affiliated hospitals or improving training facilities under this programme. Major building projects are being developed at the five medical teaching centres — London, Toronto, Kingston, Ottawa and Hamilton. The Province will recover part of the cost through the Federal Health Resources Fund.

A total amount of \$568,968,588 was paid by the Province for care in all types of hospitals, including payments to mental hospitals of \$99,227,846 and to tuberculosis sanatoria of \$3,847,401. Ontario bears the entire cost of care in mental hospitals and tuberculosis sanatoria, as the Federal Government does not share in the cost.

The programme developing regional schools of nursing has progressed well. Of the twenty-five schools planned, eight were in actual operation by the end of 1967 and eight more expect to enroll students during 1968.

The Commission wishes to express its appreciation for the continuing co-operation and assistance of the hospitals, the medical profession and their respective Associations. The helpful service received from many government departments is also gratefully acknowledged.

Yours sincerely,

A handwritten signature in dark ink, appearing to read 'S. W. Martin', with a stylized, cursive script.

S. W. Martin, F.C.I.S., F.A.C.H.A.,
Chairman and General Manager.

D. J. Twiss, M.D., *Commissioner of Hospitals*

E. P. McGavin, C.A., *Commissioner of Finance*

C. V. Charters, *Commissioner*

P. A. Dick, *Commissioner*

Very Rev. Monsignor J. A. O'Mara, J.C.L., *Commissioner*

D. H. Morrow, M.P.P., *Commissioner*

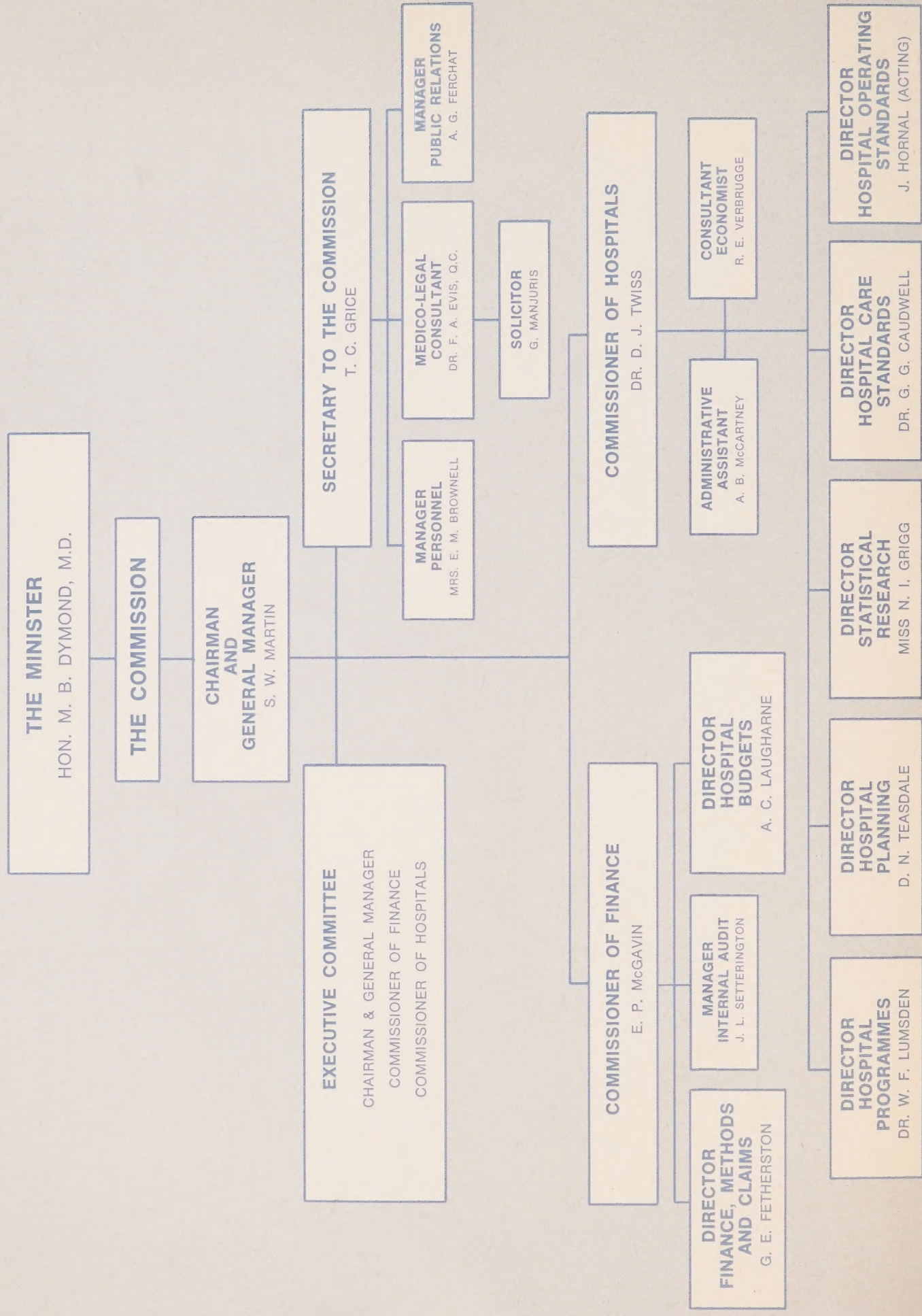
T. C. Grice, *Secretary to the Commission*

July 18, 1968

CONTENTS

	PAGE
LETTER OF TRANSMITTAL	
Report of the Commission - - - - -	2
Insured Population - - - - -	2
Volume of Hospital Service - - - - -	3
In-Patient - - - - -	3
Out-Patient - - - - -	3
Home Care Programmes - - - - -	4
Hospital Planning - - - - -	4
Hospital Construction - - - - -	4
Hospital Accommodation - - - - -	4
Regional Hospital Councils - - - - -	6
Educational and Training Facilities - - - - -	6
Health Science Centres - - - - -	6
Nursing Education - - - - -	7
Hospital Grants and Loans - - - - -	8
Financial Operations - - - - -	8
Ontario Hospital Services Commission Financial Statements - - - - -	11
Highlights of Commission History - - - - -	15
Tables	
Volume of Hospital Care Given in Ontario, 1967 - - - - -	15
Trends in Public Hospital Care, 1965 to 1967 - - - - -	17
Schedule of Total Contributions for Hospital Care and Related Services - - - - -	18
Charts	
Basic Plan of Organization of the Commission - - - - -	1
Relationship Between Admissions and Rated Bed Capacity - - - - -	5

ONTARIO HOSPITAL SERVICES COMMISSION — BASIC PLAN OF ORGANIZATION



REPORT OF THE COMMISSION

The Ontario Hospital Insurance Plan has been in operation since 1959. It is operated by the Hospital Services Commission which was constituted as a corporation without share capital under The Hospital Services Commission Act, 1956.

The Commission consists of seven members appointed by the Lieutenant-Governor-in-Council and reports to the Legislature through the Minister of Health. Daily management of the Commission is vested in an Executive Committee consisting of the Chairman, the Commissioner of Hospitals, the Commissioner of Finance and the Secretary to the Commission. The Executive Committee meets regularly with the other four Commissioners and confers on matters relating to the formulation and implementation of policy.

The Organization Chart on page 1 illustrates the Commission as it is today and indicates that it is divided basically into two distinct areas — Hospital Services and Finance. Hospital Services, under the direction of the Commissioner of Hospitals is responsible for the development of a balanced and integrated hospital system and advising on the standards of hospital care. The internal and hospital financial operations are under the control of the Commissioner of Finance. The remaining staff and service personnel report to the Commission through the Secretary.

During 1967 plans were made to co-ordinate some of the activities of the Ontario Hospital Services Commission and the Ontario Medical Services Insurance Plan. This was accomplished by taking certain groups of employees from each organization to form the Health Insurance Registration Board, which became effective January 1, 1968. As a result the complement of Commission staff was reduced from 774 to approximately 400 as of that date.

A progressive step in 1967 was the planning of a Management and Operations Research Unit to serve the Commission. It was planned to commence operations in the following year to examine initially management information systems, hospital cost models and to evaluate the current bed formulae. A programme of projects for computer and research work has been developed to date.

INSURED POPULATION

In 1967 the total number of persons insured in Ontario increased by 3.5 percent over 1966 to an estimated 7,171,971 as of December 31, 1967. More than 99 percent of the total provincial population eligible for hospital insurance participate in the Plan. The distribution of these beneficiaries by insurance categories is shown below.

	Number in Plan ¹		Percentage Increase or (Decrease) 1967/66
	1967	1966	
<i>Insured through groups</i>			
(a) Payroll deductions and co-operatives	5,149,073	5,053,583	1.9
(b) Public welfare ²	184,571	165,215	11.7
(c) Other welfare ³	52,081	41,325	26.0
<i>Insured directly through certificate holders</i>	1,659,134	1,573,483	5.4
<i>Hospital indigents</i> ⁴	127,112	93,700	35.7
TOTAL	7,171,971	6,927,306	3.5

¹ All figures shown except hospital indigents are based on the Dominion Bureau of Statistics' estimate of the average number of persons in a family which was 2.577.

² Insured by the Ontario Department of Social and Family Services.

³ Includes provincial and municipal indigents, persons on relief roles, wards of Children's Aid Societies and patients in mental institutions and tuberculosis sanatoria who did not insure themselves under the Plan, as they are insured by the Province of Ontario.

⁴ Uninsured residents admitted to hospital who were or became indigents and for whom the municipality or province paid a statutory rate.

Payment of premiums through payroll deductions and co-operatives represented 71.8 percent of the insured population in 1967, slightly less than the 73 percent that they represented in 1966. A substantial increase occurred in the number of hospital indigents, 35.7 percent more than in 1966. Other welfare payments were also higher in 1967, being 26 percent greater than the previous year.

During 1967 it became evident that an increase in premium rates would have to be made to help offset the rising costs of hospital care. The increase was not put into effect until 1968 when the single rate rose from \$3.25 to \$5.50 per month and the family rate increased from \$6.50 per month to \$11.00.

VOLUME OF HOSPITAL SERVICE

In-Patient

The following table indicates that total admissions of 151 per 1,000 eligible population in 1967 have not changed from the previous year for any level of care.

<i>Level of Care</i>	<i>Public and Private Hospitals¹</i>								
	<i>Total Admissions Per 1,000 Population²</i>			<i>Total Days of Care Per 1,000 Population²</i>			<i>Average Length of Stay</i>		
	<u>1967</u>	<u>1966</u>	<u>1965</u>	<u>1967</u>	<u>1966</u>	<u>1965</u>	<u>1967</u>	<u>1966</u>	<u>1965</u>
Active Treatment including									
Psychiatric	149	149	152	1,572	1,551	1,569	10.5	10.4	10.4
Convalescent Care and									
Rehabilitation	1	1	1	43	45	44	48.3	47.6	48.3
Chronic Care	1	1	1	355	348	356	245.0	274.6	270.7
All Levels of care	151	151 ³	154	1,970	1,944	1,969	12.8	12.9 ³	12.8

On the same basis, days of care increased in 1967 at the active treatment level to 1,572 and at the chronic level to 355 while there was a decrease in convalescent and rehabilitation days of care to 43 per 1,000 eligible population. The average length of stay in 1967 declined to the 1965 level of 12.8 days. This was principally due to a 10.8 percent decrease in the average length of stay for chronic care from 274.6 days in 1966 to 245.0 days in 1967.

Out-Patient

In 1967 certain recommendations of the Study Group on Out-Patient Services were approved:

- (1) That out-patient services insured under O.H.S.C. be extended so that generally speaking there is no gap between out-patient services insured under O.H.S.C. and under O.M.S.I.P.
- (2) That there should be a gradual merging of the emergency and organized out-patient departments in hospitals where these services now exist as two separate departments.

Out-patient benefits were extended further to include after March 1, 1967:

- (1) Out-patient therapy given outside Canada where such is provided immediately after in-patient treatment and is subject to medical review.
- (2) Radiotherapy treatment for non-malignant conditions.

¹ Including temporarily approved nursing homes.

² Eligible population is defined to be the total population (7,149,000) less armed forces personnel, members of the R.C.M.P. and inmates of Federal penal institutions (38,000). Population figures are quoted as of June 1 and based on 1967 Dominion Bureau of Statistics' estimates.

³ Sunnybrook Hospital data included in total only for 1966.

The cost of providing the various types of out-patient services in 1966 and 1967 are summarized below:

<i>Cost of Out-Patient Services</i>	1967	1966	<i>Percentage Increase or (Decrease) 1967/66</i>
Emergency	\$ 5,466,679¹	\$ 5,635,267	(3.0)
Follow-up and other	1,979,423	1,619,403	22.2
Sub-total	7,446,102	7,254,670	2.6
Therapy Services	1,473,227	1,045,484	40.9
Private Physiotherapy	2,499,034	1,493,665	67.3
Rehabilitation Services	1,356,397	515,167	163.3
TOTAL	\$12,774,760²	\$10,308,986	23.9

It can be seen from the above table that the costs for all out-patient services increased in 1967 except for emergency where a slight decrease occurred. The greatest increase in cost was for rehabilitation services followed by private physiotherapists' costs since the full cost for these services is now assumed by the Plan for insured persons.

Home Care Programmes

Home Care Programmes are designed to provide to patients in their homes comprehensive and equivalent care for which they may otherwise require treatment in hospital. At the end of 1967 there were seven of these organized home care programmes operating throughout the Province, with an eighth scheduled to commence on January 1, 1968. The cost of these programmes for the fiscal year 1967/68 was \$1,570,830.

HOSPITAL PLANNING

Hospital Construction

During 1967, public hospital construction projects saw the completion of 1,495 beds and 57 nursery bassinets. Construction was delayed on several jobs because of prolonged labour disputes. At the close of the year, 41 major projects were under construction. These projects have been designed to provide 4,868 hospital beds, 445 nursery bassinets and 1,310 beds in residential accommodation for student nurses and interns.

	<i>Adult and Child Beds</i>			<i>Accommodation for Nurses and Interns</i>	
	<i>Active Treatment</i>	<i>Convalescent</i>	<i>Chronic</i>	<i>Newborn Bassinets</i>	
New beds completed in					
1967 (Gross)	1,364	131	57	
Beds under construction	4,597	271	445	1,310

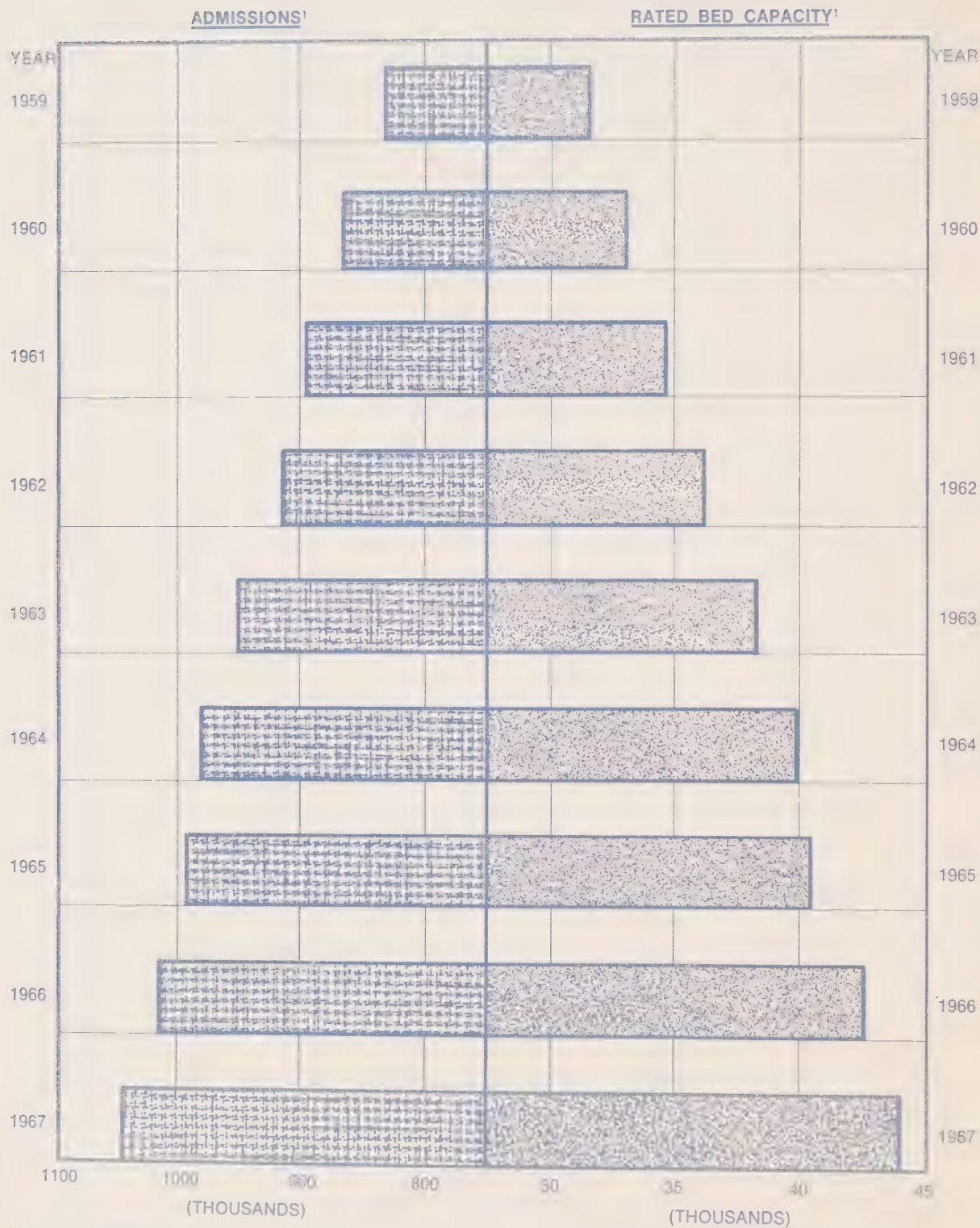
Hospital Accommodation

The total rated bed capacity in public and private hospitals was 45,851 at the end of 1967, an increase of 2.9 percent from the 44,570 beds available for all levels of care at the end of 1966. Including Federal Hospitals and Nursing Stations the total rated bed capacity for all levels of care showed a slightly smaller increase of 2.8 percent from 45,828 at the end of 1966 to 47,126 at the end of 1967.

¹ Emergency out-patient costs of \$5,549,206 less third party recoveries of \$82,527.

² Per Financial Statements of \$12,857,287 less third party recoveries of \$82,527.

RELATIONSHIP BETWEEN ADMISSIONS¹ AND RATED BED CAPACITY¹
FOR YEARS 1959 TO 1967
(Adults and Children)



¹Refers to Public Hospitals only.

The following table indicates the number of beds available for each level of care in 1967 and the increased accommodation which had been provided within each over the previous year.

<i>Type of Bed</i>	<i>Total Rated Bed Capacity at Dec. 31, 1967</i>	<i>Beds Per 1,000 Eligible Population¹</i>	<i>Net Increase or (Decrease) in Beds 1967/66</i>	<i>Percentage Increase or (Decrease) in Beds 1967/66</i>
Public and Private Hospitals				
Active Treatment	36,284	5.1	1,039	2.9
Psychiatric	1,058	.1	127	13.6
Convalescent Care and Rehabilitation	1,142	.2	11	1.0
Chronic Care	7,367	1.0	104	1.4
All levels of care	45,851	6.4	1,281	2.9
Federal Hospitals and Nursing Stations				
All levels of care	1,275	.2	17	1.4
TOTAL, all levels of care	47,126	6.6	1,298	2.8

Regional Hospital Councils

Over the past few years, believing that hospitals should be encouraged to develop as community sponsored and operated institutions, the Commission has been encouraging the concept of regionalization of hospital services and the appointment of regional hospital councils to review and plan on a regional basis. The main objectives of regional development are:

- (a) to meet the hospital needs of a community and the surrounding area as a whole as opposed to isolated individual growth;
- (b) to eliminate unnecessary duplication of beds and services;
- (c) to permit the best utilization of available professional and technical personnel;
- (d) to achieve these ends with the greatest economy of financial resources.

Thus, in any good system of regional planning for the province as a whole, it is necessary to develop a framework into which existing rural, urban and metropolitan patterns of hospitalization can fit. At the end of 1967 hospital Councils were established in Bruce County, Hamilton, London, Metropolitan Toronto, Ottawa, St. Catharines, Smiths Falls, Sudbury, Windsor, and York County while others are in the active planning stage in Barrie, Midland and Penetanguishene, New Liskeard and Haileybury, Owen Sound, Peterborough, and Sault Ste. Marie.

Educational and Training Facilities

Health Science Centres

Late in 1964 the Provincial Government announced a programme of financial assistance to encourage the building and development of medical and dental teaching facilities. This programme, estimated at \$64 million, was planned to go forward in stages — the first of these called for special grants of \$3,602,250 in 1965. From then on, the construction and renovation projects were to move at a greatly accelerated rate to completion in 1968 - 1969.

In pursuance of the above policy the Provincial Government later announced it would meet the total cost of construction and renovation of facilities to be used for teaching hospitals and research institutes. Details are covered under the Hospital Services Commission Act, Ontario Regulation 213/67. Federal assistance is also available under the Health Resources Fund Act which was passed

¹ See footnote 2, page 3.

by Parliament in 1966 and provided for the establishment of a Health Resources Fund which will make grants up to fifty percent of the Provincial expenditure to assist provinces in the acquisition, construction and renovation of health training facilities and research institutions. This assistance applies to university teaching hospitals to be erected on campus or additions to university-affiliated hospitals which will include a teaching component and related hospital personnel. Research facilities associated with teaching will be included. In addition, provision is made for medical and dental schools operated by universities.

Health Science Centres are to be located on the following university campuses — Western Ontario, McMaster, Toronto, Queens and Ottawa. Each complex will consist, when finished, of basic, clinical and service (hospital) facilities. These facilities will have the on-campus teaching and research programmes for all health science divisions approved for each centre. It is expected that:

(1) **The University of Western Ontario** will reach a size of 100 entrants for medicine, within a total science intake of approximately 1,480 students. Medical, Dental and Nursing schools are complete or under way. It is anticipated that the University Hospital of 437 beds will begin construction later this year.

(2) **McMaster University** will have an entry class in medicine of 64, to increase in the future, within a total science intake of approximately 940 students. The centre, as one complex to include a university hospital of 406 beds, should begin construction this summer.

(3) **The University of Toronto** will have an entry class of 250 for medicine, but the final number is not known at this time. The Medical Science Building on campus is under construction, together with other University projects.

(4) **Queens University** will have an entry class of 75 in medicine, within a total of 805 health science students. The Medical Science Building will start in 1969.

(5) **Ottawa University** will have an entry class of 96 in medicine, within a total of 1,060 students. The Centre, as a complex to include a university hospital of 421 beds, should begin construction in 1969.

All the above centres will be supported by teaching and research programmes and facilities in their affiliated hospitals. Federal assistance from the Health Resources Fund is available to the Province for approved projects in accordance with Federal regulations in an amount up to 50 percent of the cost. A provincial Regulation, passed in 1966, provides for capital grants to approved schools for the education of hospital and related personnel. For these schools, the Province accepts responsibility for the full approved costs, including land.

Nursing Education

In 1967 there were 77 schools of nursing operating in Ontario. This total comprised 67 Regional and Hospital Schools sponsored by the Commission, 6 schools in universities, 3 in Ontario Hospitals and one in a polytechnical institute.

Of the 25 Regional Schools being established throughout Ontario, eight were conducting classes in 1967 and eight more expect to have students enrolled by the end of 1968. These schools are initially conducting what is known as a two-plus-one course pending their ultimate conversion to a straight two-year educational course. Under the two-plus-one course, the student obtains her classroom and related clinical instruction in the first two years and in the third year gains supervised experience in one of the affiliated hospitals. At the end of this third year, diplomas are awarded and the student is then eligible to write her registration examinations. The capital costs for the educational facility in a regional school are met by the Provincial Government which later recovers part of the cost from the Federal Government. The costs of the related residence facilities are paid from the Provincial grants and long-term financing, repayable through approved operating costs of the schools.

Hospital Grants and Loans

The Province of Ontario assists hospitals by providing three major types of grants — capital, special capital and out-patient grants. In addition it makes loans available to public hospitals to assist in construction of new active treatment facilities. The Commission, as the agent of the Province, now accepts responsibility for providing two-thirds of the approved cost of hospital construction projects including the cost of basic equipment. That part of the assistance which is repayable will be amortized over a period of 20 years at a rate of 3 percent per annum, and comes from three-eighths of the hospital's share of differential income on beds in the new accommodation plus three-eighths of the same differential income from existing beds provided substantial renovation costs are involved. If the amount of the differential income is insufficient in any year to carry the annual costs of the loan, the Commission will make a payment to the hospital in the amount of any deficit.

By a regulation approved in 1967, the Province accepts responsibility for the full cost of a medical rehabilitation hospital, or that part of a hospital which provides special facilities for the medical rehabilitation of patients. The hospital is expected to provide a wide range of special services and must be approved by the Commission as a regional rehabilitation centre before becoming eligible for grants on the basis of full cost.

In 1967, the Provincial Government approved a regulation respecting capital grants for teaching hospitals. In this regulation, the Province accepts responsibility for the full cost of university hospitals and of teaching and research facilities forming part of a university-affiliated hospital. As mentioned earlier, the Province will recover part of the cost through the Health Resources Fund.

The following table summarizes the amounts the Province has paid in grants and loans approved to public hospitals during the last two fiscal years, ending March 31.

	1967/68	1966/67
Capital Grants Paid	\$28,181,938	\$21,384,529
Special Capital Grants	6,900,000	8,708,325
Organized Out-Patient Grants	1,598,935	1,529,496
Total, Grants Paid	\$36,680,873	\$31,622,350
Loans Approved	31,670,306	16,988,578
TOTAL, Grants Paid and Loans Approved	\$68,351,179	\$48,610,928

The increase in grants paid results mainly from the new programme to increase nursing education facilities. The increase in loans approved is indicative of the additional assistance being given to hospitals under the capital financial assistance regulations as well as the continually increasing cost of construction.

FINANCIAL OPERATIONS

The annual comparative financial statements of the Commission for the calendar years 1966 and 1967 are shown on the following pages of this report.

The more important features of the statements follow:

1. *Expenditure — Insured Hospital Services*

The expenditure incurred for insured hospital services in 1967 was \$465,893,341. This represents an increase of 18.7 per cent over the comparable amount for 1966 of \$392,592,994.

The increase includes the operating costs of new beds and services as well as the additional operating cost of existing facilities. This compares to an increase of 13.8 per cent in 1966 over 1965.

Administrative Costs

The net administrative expenses of the Commission for 1967 were \$6,665,542 which represents 1.4 per cent of the overall cost of the Plan. \$4,824,282 or 72.4 per cent was for salaries and wages. The Commission employed a total of 774 persons at December 31, 1967 as compared with a total of 757 persons at December 31, 1966. Administrative costs relative to total expenditures have declined from 2.5 per cent in 1959 to 1.4 per cent in 1967.

Premium Income and Government Contributions

Premium income in 1967 totalled \$162,148,367 as compared to \$157,332,956 in 1966. The increase of \$4,815,411 results from the growth in population in Ontario.

The Government of Canada contribution to the Hospital Insurance Plan for 1967 is estimated to be \$225,704,093. The amount was calculated on the formula contained in the Federal Provincial Agreement and may require minor modification when the national per capita cost is established from audited figures.

Assistance by the Government of Ontario to the Hospital Insurance Plan administered by the Commission in 1967 was \$89,250,384. In addition, expenditures totalling \$142,330,505 were made by the Province for mental and tuberculosis care, and for special and capital grants. A summary of the combined operations of all classes of hospitals is shown on Page 18 in the Schedule of Total Contributions for Hospital Care and Related Services.

Assets and Liabilities

The Comparative Statement of Assets and Liabilities shows the financial position of the Commission as at December 31, 1967 and 1966.

Deferred income of \$43,816,468 at December 31, 1967 refers to premiums paid in advance for coverage in subsequent months. The funds obtained from these premium pre-payments were used, in part, as working capital to pay hospitals for their costs until the Commission was reimbursed by the Federal and Provincial Governments for their shares of hospital costs. The portion not used in this manner was invested in short-term government securities.

At December 31, 1967 it was estimated that \$4,600,000 was due to the Commission from third parties. This amount represents the estimated portion of hospital costs paid by the Commission that are recoverable from third parties responsible for the hospitalization of insured persons.

Unpaid hospital costs at December 31, 1967 amounted to \$38,773,813. In large part, this amount was owing to public hospitals and is the difference between the allowable costs incurred by hospitals for 1967 and the semi-monthly advances based on approved budgets and operating statements. A further advance is given shortly after the year-end and a final settlement made when the hospital's audited financial statements are reviewed by the Commission and allowable costs ascertained.

G. H. SPENCE B.A. F.C.A.
PROVINCIAL AUDITOR

R. B. CRANSTON, C.A.
ASST. PROVINCIAL AUDITOR



ONTARIO

ADDRESS ALL COMMUNICATIONS
TO THE PROVINCIAL AUDITOR
PARLIAMENT BUILDINGS, TORONTO

OFFICE OF PROVINCIAL AUDITOR

AUDITOR'S REPORT

To the Chairman and Members of the
Ontario Hospital Services Commission,
2195 Yonge Street,
Toronto, Ontario.

I have examined the statement of assets and liabilities of the Ontario Hospital Services Commission as at December 31, 1967 and the statement of expenditure, income and government contributions for the year then ended. My examination included a general review of the accounting procedures and such tests of accounting records and other supporting evidence as was considered necessary in the circumstances.

In my opinion these financial statements present fairly the financial position of the Commission as at December 31, 1967, and the results of its operations for the year then ended, in accordance with generally accepted accounting principles applied on a basis consistent with that of the preceding year.

George H. Spence F.C.A.

Toronto, Ontario,
June 26, 1968.

Provincial Auditor

ONTARIO HOSPITAL SERVICES COMMISSION
STATEMENT OF ASSETS AND LIABILITIES
December 31, 1967

(with comparative figures at December 31, 1966)

	<u>1967</u>	<u>1966</u>
ASSETS		
Cash	\$ 3,265,020	\$ 3,971,994
Short term investments — at cost and accrued interest which approximates market	2,000,856	3,002,540
Receivable from Government of Canada	34,123,187	29,631,517
Receivable from Province of Ontario	37,924,534	31,989,379
Group premiums receivable	2,545,559	2,647,051
Estimated hospital costs receivable from other insurers	4,600,000	3,825,000
Other receivables and prepaid expenses	814,985	527,322
	<u>\$ 85,274,141</u>	<u>\$ 75,594,803</u>
LIABILITIES		
Accrued hospital costs	\$ 38,773,813	\$ 30,532,539
Due to Province of Ontario for portion of premiums for improvement of care in Provincial mental institutions	1,316,072	1,253,085
Accounts payable and accrued liabilities	1,367,788	1,540,156
	<u>41,457,673</u>	<u>33,325,780</u>
Deferred income — premiums applicable to insured services in subsequent months	43,816,468	42,269,023
	<u>\$ 85,274,141</u>	<u>\$ 75,594,803</u>

Approved:

D. J. Weiss.

Acting Chairman

B. G. Gault

Director

Note: At December 31, 1967 the Commission, on behalf of the Province of Ontario, had made capital construction loans to hospitals totalling \$37,905,968. The funds for these loans were provided by the Province of Ontario, and all interest and principal received by the Commission will be remitted to the Province of Ontario.

ONTARIO HOSPITAL SERVICES COMMISSION
STATEMENT OF
EXPENDITURE, INCOME AND GOVERNMENT CONTRIBUTIONS
for the year ended December 31, 1967

(with comparative figures for the year ended December 31, 1966)

	<u>1967</u>	<u>1966</u>
EXPENDITURE		
Hospital costs:		
In-patient costs	\$456,878,183	\$385,687,808
Out-patient costs	12,847,329	10,380,996
Costs recovered from others	(3,832,171)	(3,475,810)
	<u>465,893,341</u>	<u>392,592,994</u>
Operating expenses:		
Salaries	4,824,282	4,214,591
Rentals, postage, printing and other administrative expenses	2,555,895	2,491,142
Expenses recovered from supplementary carriers of hospital insurance and health grants	(714,635)	(690,307)
	<u>6,665,542</u>	<u>6,015,426</u>
Total expenditure	<u>\$472,558,883</u>	<u>\$398,608,420</u>
INCOME		
Premiums for insured services	\$162,148,367	\$157,332,956
Less portion of premiums paid to the Province for improvement of care in Provincial mental institutions ..	4,989,181	4,841,014
	<u>157,159,186</u>	<u>152,491,942</u>
Income from investments	445,220	336,578
	<u>157,604,406</u>	<u>152,828,520</u>
GOVERNMENT CONTRIBUTIONS		
Government of Canada	225,704,093	191,215,368
Province of Ontario	89,250,384	54,564,532
	<u>314,954,477</u>	<u>245,779,900</u>
Total income and government contributions	<u>\$472,558,883</u>	<u>\$398,608,420</u>

COMMISSION HIGHLIGHTS

1959

- Inception of the Plan
- Premium — Single coverage \$2.10
— Family coverage \$4.20
- Benefits to include:
 - full in-patient hospital services as medically necessary.
 - emergency out-patient services within twenty-four hours of an accident.
 - out-of-province benefits.

1960

- Two-year training programme of the *Montbush School of Nursing* started its first class in September, 1960.

1961

- New building for O.H.S.C. administration opened.
- Studies undertaken to extend the Plan to cover certain hospital services on an out-patient basis.
- Government decision that premiums should be stabilized by an increased provincial contribution.

1962

- *Commissioners of the Ontario Hospital Services Commission* reported to the Legislature on the progress of the Plan.

1963

- Capital grants for hospital construction increased by 60% for active treatment beds and for auxiliary service areas, effective August 15, 1963.

1964

- Use interest rate loan made available to hospitals to encourage and assist the development of new hospital beds, effective March 1, 1964.
- A five-year pilot Home Care Programme sponsored by the City of Toronto came to an end March 31, 1964. On April 1, 1964 a Home Care Programme recognized and supported by the Commission was started. Another was started in Ottawa in September, 1964.
- Increase in premium rate to \$3.75 single rate and \$6.50 family rate, effective July 1, 1964.
- *Our Lady School of Nursing* started its first class in September, 1964.
- The Commission assumed responsibility for payments on treatment bills to institutions and organized children's treatment centres located in the province. Effective September 1, 1964.

COMMISSION HIGHLIGHTS

- Private physiotherapists became eligible to have the services they render insured under the Plan, effective September 14, 1964.
- Out-patient benefits extended to cover the treatment of fractures where the original admission was as an in-patient, and to include as an insured service radiotherapy treatments for cancer, physiotherapy, occupational therapy and speech therapy, effective October 1, 1964.

1964

- Regulations amended to extend hospital insurance coverage under the family policy to all dependants up to 21 years of age who are unmarried and not in receipt of salary or wages, effective September 1, 1965.
- Home Care Programming started in Guelph-Wellington, September, 1965.
- An increase from \$1.00 to \$2.25 per visit in grants to hospitals with organized out-patient departments, effective October 1, 1965.

1965

- A new regulation approved to allow either husband or wife to pay hospital premiums for the family, through an employer group, effective June 16, 1966.
- Home Care Programmes started in Hamilton and Windsor during August, 1966, and in London, October 1.

1966

- Recommendations of the Study Group on Out-Patient Services were approved:
 - (1) That out-patient services insured under O.H.S.C. be extended so that, generally speaking, there is no gap between out-patient services under O.H.S.C. and under O.M.S.A.P.
 - (2) That a special study be initiated on the question of merging the emergency and out-patient departments in hospitals having two departments.

- Out-patient benefits were extended further to include after March 1, 1967:
 - (1) Out-patient therapy outside Canada where it is provided immediately after in-patient treatment and subject to medical policy.
 - (2) Radiotherapy treatment for non-malignant conditions.

1967

- Home Care Programmes started in Kitchener-Waterloo September 1, 1967.
- By a regulation approved in 1967, the Province accepts responsibility for the full cost of a medical rehabilitation hospital, or that part of a hospital which provides special facilities for the medical rehabilitation of patients.
- A regulation was approved by the Provincial Government imposing capital grants for teaching hospitals. In this regulation, the Province accepts responsibility for the full cost of university hospitals and of teaching and research facilities form part of a university-affiliated hospital.

VOLUME OF HOSPITAL CARE

GENERAL INFORMATION	ALL HOSPITALS	PUBLIC HOSPITALS				
		ACTIVE TREATMENT		CONVALESCENT		CHRONIC
		Public General Hospitals (1)	Red Cross Outposts	Hospitals	Units of Hospitals (2)	Hospitals
Number of Hospitals or Units in Operation during 1967	---	187	13	8	6	16
Rated Bed Capacity as at December 31, 1967						
Adults and Children	47,126	36,197	176	795	343	3,119
Basinets	6,199	6,002	95	---	---	---
Percentage of Bed Occupancy						
Adults and Children	83.5	82.2	97.2	79.5	69.7	98.7
Nursery	80.3	80.7	95.1	---	---	---
Average Number of Adults and Children in Hospital Daily	39,371	29,969	101	604	219	1,080
Average Length of Stay of Discharges and Deaths						
Adults and Children	13.0	10.6	6.1	41.1	59.7	33.1
Newborn	7.1	7.1	5.1	---	---	---
Admissions						
Adults and Children	1,086,769	1,024,305	7,650	4,965	1,508	3,071
Newborn	128,592	125,413	90	---	---	---
Total	1,215,361	1,149,718	7,741	4,965	1,508	3,071
Discharges and Deaths						
Adults and Children	1,085,171	1,022,764	7,655	4,966	1,507	3,094
Newborn	128,616	125,431	90	---	---	---
Total	1,213,787	1,148,195	7,741	4,966	1,507	3,094
Patients Treated During 1967						
Adults and Children	1,120,127	1,048,656	7,257	5,509	1,720	6,134
Newborn	130,841	127,619	90	---	---	---
Total	1,250,968	1,176,275	7,354	5,509	1,720	6,134
Total Days' Stay Since Admission of Discharges and Deaths						
Adults and Children	14,094,724	10,824,236	36,738	224,064	89,608	1,030,757
Newborn	911,648	890,876	3,180	---	---	---
Total	15,006,372	11,715,112	39,918	224,064	89,608	1,030,757
Days of Care Given in 1967						
Adults and Children	14,370,377	10,865,845	36,750	220,300	87,240	1,124,136
Newborn	911,464	890,805	3,164	---	---	---
Total	15,281,841	11,756,650	39,914	220,300	87,240	1,124,136

(1) Includes (a) the new Four Counties General Hospital, Newbury, which opened on February 12, 1967; (b) the Riverside Hospital, Ottawa, which opened on January 11, 1967; and (c) the Scarborough Centenary Hospital, Scarborough, which opened October 15, 1967.

(2) A new unit for convalescent patients was opened at St. Joseph's General Hospital, Port Arthur, August 15, 1967.

Includes also the new convalescent unit opened at the Four Counties General Hospital, Newbury Falls, February 1, 1967; Leamington District Memorial Hospital, Leamington, April 15, 1967; Milton District Hospital, Milton, May 15, 1967; Alexandra Marine

GIVEN IN ONTARIO, 1967

			PRIVATE HOSPITALS			FEDERAL HOSPITALS AND NURSING STATIONS TOTAL	NURSING HOMES TEMPORARILY APPROVED FOR CHRONIC CARE (6)
CHRONIC	Psychi- atric (4)	TOTAL (Public)	ACTIVE	CHRONIC (5)	TOTAL (Private)		
Units of Hospitals (3)							
68	2	---	18	22	40	10	41
3,067 ---	255 ---	43,956 6,097	714 81	515 ---	1,229 81	1,275 21	666 ---
89.8 ---	61.2 ---	83.5 40.2	83.1 47.0	97.7 ---	89.3 47.0	78.5 47.0	85.6 ---
2,754	156	36,703	594	503	1,097	1,001	570
167.8 ---	43.9 ---	12.6 7.1	7.8 6.6	355.6 ---	14.1 6.6	27.0 7.5	319.9 ---
5,193 --- 5,193	1,278 --- 1,278	1,045,990 126,005 1,171,995	27,249 2,105 29,354	497 --- 497	27,746 2,105 29,851	12,304 482 12,786	729 --- 729
5,061 --- 5,061	1,207 --- 1,207	1,044,274 126,019 1,170,293	27,271 2,111 29,382	505 --- 505	27,776 2,111 29,887	12,301 486 12,787	820 --- 820
7,802 --- 7,802	1,378 --- 1,378	1,076,962 128,216 1,205,178	27,712 2,135 29,847	1,004 --- 1,004	28,716 2,135 30,851	13,117 490 13,607	1,332 --- 1,332
849,466 --- 849,466	53,012 --- 53,012	13,107,878 894,056 14,001,934	213,129 13,959 227,088	179,601 --- 179,601	392,730 13,959 406,689	331,765 3,633 335,398	262,351 --- 262,351
005,322 --- 005,322	56,919 --- 56,919	13,396,512 893,969 14,290,481	216,687 13,890 230,577	183,733 --- 183,733	400,420 13,890 414,310	365,276 3,605 368,881	208,169 --- 208,169

and General Hospital, Goderich, May 30, 1967; Listowel Memorial Hospital, Listowel, September 10, 1967; and Norfolk General Hospital, Simcoe, September 25, 1967.

) Includes Donwood Foundation, Toronto, opened February 27, 1967.

) Hillcrest Haven Private Hospital, Clarksburg, closed March 1, 1967.

) Two nursing homes were approved, one closed and five ceased to operate under the Plan in 1967.

TRENDS IN PUBLIC HOSPITAL CARE, 1965 to 1967

ALL PUBLIC HOSPITALS IN ONTARIO	YEAR ENDED DECEMBER 31			Percentage Increase or (Decrease) 1967/66	Percentage Increase or (Decrease) 1966/65
	1967	1966	1965		
Population insured by O.H.S.C.*.....	7,171,971	6,927,306	6,715,508	3.5	3.2
Rated Beds	43,956	42,584	40,467	3.2	5.2
Number of Adult and Child Admissions	1,045,990	1,016,853	993,995	2.9	2.3
Discharges and Deaths	1,044,274	1,015,945	994,769	2.8	2.1
Patients Under Care During Year (1) ..	1,076,962	1,046,917	1,024,823	2.9	2.2
Total Patient Days (Adults and Children) of Discharges and Deaths (2)	13,107,878	12,838,251	12,701,410	2.1	2.7
of Care Given During Year (3)	13,396,512	13,097,933	12,490,562	4.8	5.6
Average Length of Stay of Patients Discharged or Died (4)					
Active	10.6	10.5	10.4	1.0	1.0
Convalescent	58.3	47.6	40.7	1.5	11.7
Chronic	230.6	267.8	265.1	(13.9)	1.0
Psychiatric (5)	53.9	50.6	51.2	(5.2)	1.2
Total	12.6	12.6	12.6	0.0	0.0
Number of Diagnostic Radiological Examinations (6) (7)					
In-patients	1,110,443	1,027,700	950,276	8.1	8.1
Out-patients	1,403,449	1,215,285	1,098,253	15.5	10.7
Total Units of Laboratory Service Performed in Hospitals					
In-patients	58,323,647	49,304,243	42,391,949	18.3	16.3
Out-patients	6,838,793	5,188,378	4,380,123	31.8	18.5
Referred-in	2,415,651	2,028,045	1,731,297	19.1	17.1
Total Staff and Employees of Hospitals as at December 31st					
Full-time	85,439	79,657	74,335	7.3	7.2
Part-time	14,742	13,817	12,640	6.7	9.3
Total Paid Hours of Work	183,824,414	180,081,797	161,312,058	8.1	5.5

(1) Discharges and deaths plus patients in-residence at end of year.

(2) Days since admission (i.e., includes some days from prior year(s) but excludes days of patients in-residence at end of year).

(3) Days of care given during calendar year to discharges and deaths and patients in-residence at end of year.

(4) Sunnybrook Hospital included in total only in 1966.

(5) Refers to Clarke Institute of Psychiatry and Donwood Foundation only. Days for psychiatric units of public hospitals are included with active units as in previous years.

(6) Excludes convalescent and chronic hospitals.

(7) Excludes routine admission chest x-rays.

Insured population as of December 31st.

*SCHEDULE OF TOTAL CONTRIBUTION FOR HOSPITAL CARE
AND RELATED SERVICES
BY ONTARIO HOSPITAL SERVICES COMMISSION
AND DEPARTMENT OF HEALTH*

for the year ended December 31, 1967

EXPENDITURES

Ontario Hospital Services Commission

Hospital and Commission Operating Costs	\$472,558,883	
Payments re Indigents in Unorganized Territories and Indigent Immigrants	117,056	
Special and Capital Grants	<u>39,255,258</u>	\$511,931,197

Department of Health

Mental Health	\$ 99,227,846	
Tuberculosis Care	<u>3,847,401</u>	<u>103,075,247</u>
TOTAL		<u><u>\$615,006,444</u></u>

INCOME AND GOVERNMENT CONTRIBUTIONS

Premium Income for Insured Services	\$162,148,367
Income from Investments	445,220
Government Contributions	
Government of Canada	225,704,093
Province of Ontario	<u>226,708,764</u>
TOTAL	<u><u>\$615,006,444</u></u>

Issued by

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